

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VIN		10-15-01
O.I.P.E. CLASSIFIER		10	10-30-01
FORMALITY REVIEW	TW	1061	11/14/01
RESPONSE FORMALITY REVIEW	FL	1712	03-11-02

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	3/11/03
2	3/11/03
3	3/11/03
4	3/11/03
5	3/11/03
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	N
13	N
14	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here